



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Clarence J. Wolinski, M.D.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-17-2088-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

March 13, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The original claim was denied documentation missing or illegible. A copy of the exact MMI documentation that I sent to Texas Mutual is included in this letter and it is legible."

Amount in Dispute: \$300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual declined to issue payment absent receipt, with the billing, of the required narrative report of the examination and findings per Rule 133.1(d)(1). Nor did the requestor's [sic] submit the narrative report with the DWC60 packet."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 13, 2016	Treating Doctor Examination to Determine Maximum Medical Improvement & Impairment Rating (99455-V3)	\$300.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §130.1 sets out the requirements for certification of maximum medical improvement and impairment rating.
3. 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services provided from March 1, 2008 until September 1, 2016.

4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.
 - 876 – Required documentation missing or illegible. See rules 133.1; 133.210; 129.5; or 180.22
 - CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 724 – No additional payment after a reconsideration of services.

Issues

Are Texas Mutual Insurance Company's reasons for denial of payment supported?

Findings

Clarence J. Wolinski, M.D. is seeking reimbursement of \$300.00 for an examination to determine maximum medical improvement (MMI) and impairment rating (IR), performed as the treating doctor on July 13, 2016. Texas Mutual Insurance Company (Texas Mutual) denied the disputed services with claim adjustment codes CAC-16 – "CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION," and 876 – "REQUIRED DOCUMENTATION MISSING OR ILLEGIBLE. SEE RULES 133.1; 133.210; 129.5; OR 180.22."

28 Texas Administrative Code §134.204(j)(1) states:

The total MAR for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. The MMI/IR examination shall include:

- (A) the examination;
- (B) consultation with the injured employee;
- (C) review of the records and films;
- (D) **the preparation and submission of reports (including the narrative report, and responding to the need for further clarification, explanation, or reconsideration), calculation tables, figures, and worksheets** [emphasis added]; and,
- (E) tests used to assign the IR, as outlined in the AMA Guides to the Evaluation of Permanent Impairment (AMA Guides), as stated in the Act and Division rules in Chapter 130 of this title (relating to Impairment and Supplemental Income Benefits).

28 Texas Administrative Code §130.1(d)(1) defines the reporting requirements for an MMI and IR examination as follows:

Certification of MMI, determination of permanent impairment, and assignment of an impairment rating (if permanent impairment exists) for the current compensable injury requires completion, signing, and submission of the Report of Medical Evaluation **and a narrative report** [emphasis added].

- (A) The Report of Medical Evaluation must be signed by the certifying doctor. The certifying doctor may use a rubber stamp signature or an electronic facsimile signature of the certifying doctor's personal signature.
- (B) **The Report of Medical Evaluation includes an attached narrative report. The narrative report must include the following** [emphasis added]:
 - (i) date of the certifying examination;
 - (ii) date of MMI;
 - (iii) findings of the certifying examination, including both normal and abnormal findings related to the compensable injury and an explanation of the analysis performed to find whether MMI was reached;
 - (iv) narrative history of the medical condition that outlines the course of the injury and correlates the injury to the medical treatment;
 - (v) current clinical status;
 - (vi) diagnosis and clinical findings of permanent impairment as stated in subsection (c)(3);

- (vii) the edition of the AMA Guides that was used in assigning the impairment rating (if the injured employee has permanent impairment); and
- (viii) a copy of the authorization if, after September 1, 2003, the doctor received authorization to assign an impairment rating and certify MMI by exception granted from the division.

Documentation submitted to the division by Dr. Wolinski included a Report of Medical Evaluation. A narrative report as defined by 28 Texas Administrative Code §130.1(d)(1) was not included. The division concludes that Texas Mutual's denial was supported. No reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____ Laurie Garnes _____	_____ April 21, 2017 _____
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.